## Foster Family Home - Deficiency Report

Provider ID: 1-190075

Home Name: Marie Alane Garrido, NA Review ID: 1-190075-5

271 Kaliponi Street Reviewer: Maribel Nakamine

Wahiawa HI 96786 Begin Date: 8/16/2021

Foster Family Home Required Certificate [11-800-6]

6.(d)(1) Comply with all applicable requirements in this chapter; and

Comment:

Unannounced recertification inspection for a 2 person CCFFH completed.

Deficiency Report issued during CCFFH inspection with a written plan of correction due to CTA on 9/16/2021.

Foster Family Home Information Confidentiality [11-800-16]

16.(b)(5) Provide training to all employees, and for homes, other adults in the home, on their confidentiality policies and

procedures and client privacy rights.

Comment:

16.(b)(5)- No training present for CG#3 and HHM#2 on CCFFH's confidentiality policies and procedures and client privacy rights.

| Foster Fam | ily Home Personnel and Staffing                    | [11-800-41]   |  |
|------------|--|---|--|
| 41.(c)     | training annually which shall be approved by the c | and the substitute caregiver shall attend eight hours, of in-service lepartment as pertinent to the management and care of clients. On of training received by all caregivers, in the caregiver file in the |  |
| 41.(g)     | and specific skill areas needed to perform tasks n | sessed by the department for competency in basic caregiver ski<br>ecessary to carrying out each client's service plan. The<br>all caregivers shall be kept in the client's, case manager's, and<br>e plan.  |  |

Comment:

41.(c)- CG#3 without any hours of annual in service training.

41.(g)- CG#3 without evidenced of having had the Basic Skills checklist on Client #1 and Client #2.

Foster Family Home Client Care and Services [11-800-43]

43.(c)(3) Be based on the caregiver following a service plan for addressing the client's needs. The RN case manager may

delegate client care and services as provided in chapter 16-89-100.

Comment:

43.(c)(3)- CG#3 without evidenced of having had the RN delegations for Client #1 and Client #2.

Foster Family Home Fire Safety [11-800-46]

46.(b)(2) All caregivers have been trained to implement appropriate emergency procedures in the event of a fire.

Comment:

46.(b)(2)- CG#3 without evidenced of having conducted a monthly fire drill.

# Foster Family Home - Deficiency Report

| Foster Family Ho   | ome         | Quality Assurance  | [11-800-50]                                 |  |  |
|--|-------------|--|---|--|--|
| 50.(a)  Comment:   |             | shall have documented internal emergency manage hat may affect the client, such as but not limited to: | ement policies and procedures for emergency |  |  |
| 50.(a)- CG#3 without evidenced of having had the CCFFH's Emergency Preparedness Plan training. |             |  |   |  |  |
| Foster Family Ho   | ome         | Records  | [11-800-54]                                 |  |  |
| 54.(c)(8)<br>Comment:  | Personal ir | ventory.   |   |  |  |

54.(c)(8)- No Personal Inventory list completed for Client #1.

**Primary Care Giver** 

Maubel Nahamire, les 8/16/2021

Compliance Manager

A

Date/8/14/2021

8/16/2021 2:21:34 PM

## Maribel Nakamine

### Community Care Foster Family Home (CCFFH) Written Corrective Action Plan (CAP) Chapter 11-800

PCG's Name on CCFFH Certificate: Marie Alane Garrido

(PLEASE PRINT) CCFFH Address: 271 Kaliponi Street, Wahiawa, Hl. 96786

(PLEASE PRINT)

| Rule<br>Nümber   | Corrective Action Taken – How was each issue fixed for each violation?  | Date each<br>violation<br>was fixed | Prevention Strategy – How will you prevent each violation from happening again in the future?  |
|--|---|-------------------------------------|--|
| 16.(b)<br>(5)  | Confidentiality policies and procedures and privacy right training has been completed by CG#3 and HHM#2 It was placed into home record. | 8/24/21                             | Home will be sure to train any new CG or HHM immediately and before CG works in the home.  |
| 41.(c)   | CG#3 has completed required continuing education classes.   | 9/25/21<br>9/26/21                  | Certificate of completed classes have been placed in Home binder.  |
| The second secon | -   |                                     | Home will keep a calendar to ensure that CG#1 and CGs complete the required hours of training in a calendar year.                      |
|  | Basic skills checklist for CG#3 has been completed for client #1 and #2. It was placed in client's binder.                              |                                     | Home will have all new CGs complete Basic Skills Checklist immediately after being approved and before they start working in the home. |
|  | -   |                                     |  |

| All items that were fixed are attached to this CAP |         |          |
|--|---------|----------|
| PCG's Signature: Man a Marris                      | -       | 9/20/2   |
|  | Date: _ | 1 201 20 |

CTA has reviewed all corrected items

#### Community Care Foster Family Home (CCFFH) Written Corrective Action Plan (CAP) Chapter 11-800

PCG's Name on CCFFH Certificate:

Marie Alane Garrido

(PLEASE PRINT) CCFFH Address: 271 Kaliponi Street, Wahiawa, Hl. 96786

(PLEASE PRINT)

| Rule<br>Number |  | Date each<br>violation<br>was fixed | prevent each violation from happening  |
|----------------|--|-------------------------------------|--|
| 43.(c).<br>(3) | RN delegation for clients #1<br>and #2 has been completed<br>for CG#3, Copies were placed<br>in client's file. | 8/24/21                             | Home will notify CMA that RN delegation needs to be completed within 1 week of caregiver being added to home.  |
| 46.(b)<br>(2)  | CG#3 conducted a fire drill in home. Copy was placed in home binder.   | 8/24/21                             | Home will ensure that all CGs conduct at least 1 fire drill in the home in a calendar year.  |
|                |  |                                     | Home will use a calendar to keep<br>track of who will be conducting<br>the fire drills   |
| 50.(a)         | CG#3 has completed the<br>Emergency Preparedness<br>training. Copy was placed in<br>home binder.               | 8/24/21                             | Home will ensure that all new CGs complete the Emergency Preparedness Plan training immediately after they are approved to be a CG in the home and before they work in the home. |
| 3)             | Personal Inventory list for client #2 has been completed by CG#1 Copy was placed in client's file.             |                                     | Home will ensure that a personal inventory list for every client that is placed in home is completed and a copy is placed in client's file.                                      |

| V   | All items that | were fixed an | attached to thi | s CAP |
|-----|----------------|---------------|-----------------|-------|
| PCG | 's Signature:  | MUSE          | w a som         | ma    |
|     |                |               |                 |       |

CTA has reviewed all corrected items